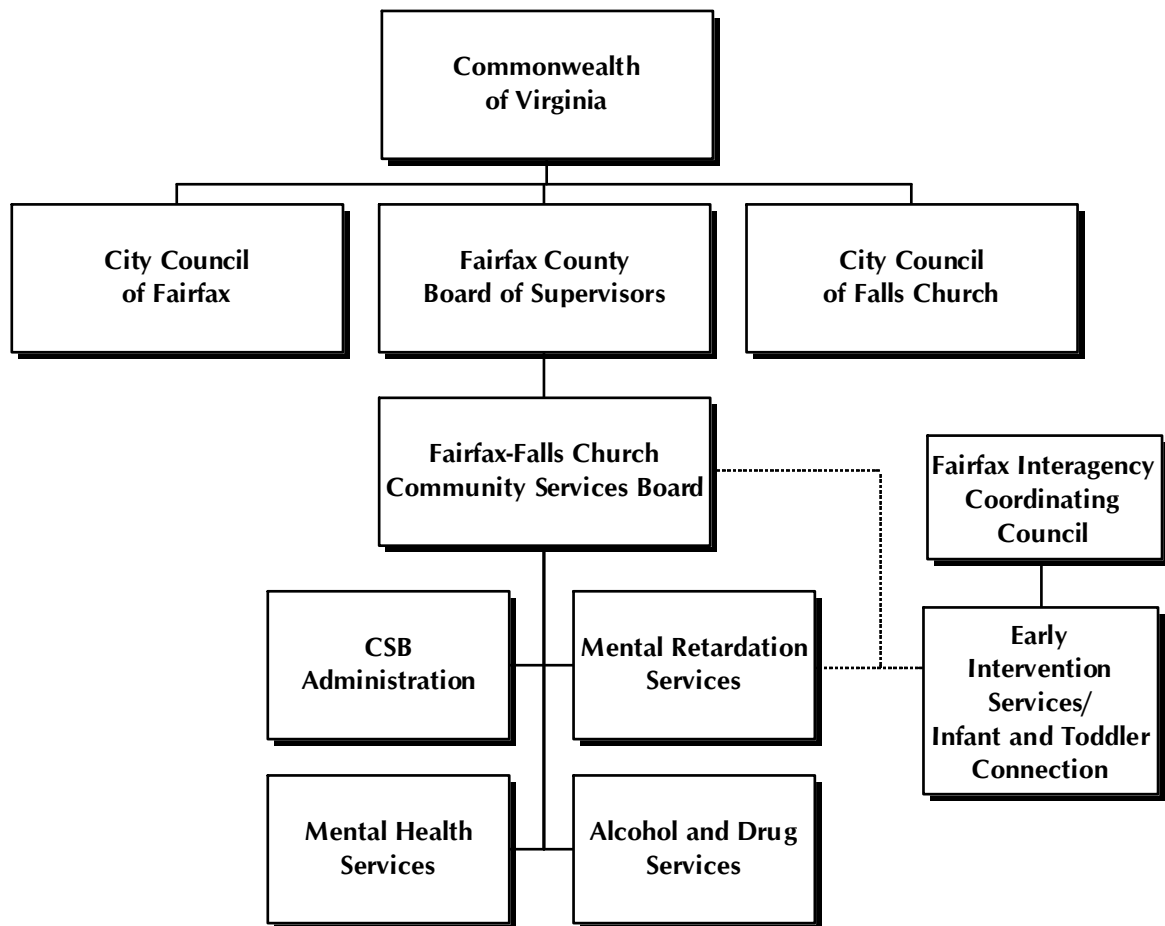


Fairfax-Falls Church Community Services Board - Overview



Mission

The mission of the Fairfax-Falls Church Community Services Board (CSB) is to:

- ◆ Serve Fairfax-Falls Church residents with, or at risk of, severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; or alcohol or drug abuse or dependency;
- ◆ Empower and support the people we serve to live self-determined, productive and valued lives within our community; and,
- ◆ Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential and other support services in a personalized, flexible manner appropriate to the needs of each individual and family whom we serve.

Focus

The CSB was created in 1969 and is comprised of 16 members; 14 appointed by the Fairfax County Board of Supervisors and one each appointed by the Council of the City of Fairfax and the Council of the City of Falls Church. The CSB is established under mandate of the state; however, under a Memorandum of Agreement between the CSB and the County, the CSB carries out its roles and responsibilities under the Administrative Policy Board type of structure and observes County rules and regulations regarding financial management, personnel management and purchasing activities. The CSB operates direct service agencies and contracts with outside entities for the provision of client services.

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There are several factors that impact the type, level and cost of services provided by the CSB. For example, population growth has increased general demand for CSB services, while greater cultural diversity has generated a need for more culturally competent services. This is challenging in a locality where more than 100 languages are spoken. The County's population is also aging, which will result in increased psychiatric needs common to the geriatric population. In addition, parents who have been caring for their young and middle-aged adult children who experience serious mental illness will be less able to do so as they age. As a result, there will be a greater demand for mental health residential facilities and resources.

A growing population of uninsured or underinsured individuals is also placing pressure on the CSB. While Fairfax County is one of the most affluent localities in the nation, eight percent of households, or more than 80,000 residents, lacked health insurance coverage in March 2000. By 2010, this number is projected to reach 132,000 persons. This means that there is likely to be an increase in the number of persons who seek publicly-funded care and, at the same time, a decrease in those new consumers who will be able to use insurance to pay for mental health services. Not only is the number of uninsured individuals rising, but there is also an increase in the number of people who require primary medical care. In recent years, there has been a rise in the number of people seeking mental health treatment who also have concurrent medical problems that impact general well-being and complicate psychiatric care.

THINKING STRATEGICALLY

Strategic challenges for the Department include:

- Providing an array of services that are comprehensive, effective and adequate to meet demands for service;
- Maximizing stakeholder involvement in planning the service delivery system;
- Providing an adequate infrastructure to support service delivery; and
- Securing sufficient funding to support quality programs.

All vendors in the health care arena – public and private – are faced with increased costs of doing business that frequently exceed the official rate of inflation. This is a result of the pressure to properly compensate qualified health care staff, higher staffing ratios needed to serve persons who have greater levels of need, and increased overhead costs related to mandated accountability standards and the maintenance and renovation of aging facilities. As a result, there is a national and state trend of private sector psychiatric inpatient units either downsizing or closing altogether. In the Northern Virginia region, there are at least three hospitals which have announced their intentions to downsize or close all of their beds. If anything, the demand for inpatient psychiatric beds will increase in coming years. If beds are unavailable, people who need them will get sicker in the community and become more at risk.

The lack of affordable housing in this community continues to present a major barrier to consumers who have completed treatment and are trying to live independently. Consequently, psychiatric hospitals and intensive treatment programs are unable to discharge clients to more appropriate levels of care. This unnecessarily increases the cost of serving clients and prevents others from entering treatment. In addition, the lack of affordable housing will result in conditions that will worsen considerably for CSB consumers. The CSB may be forced to spend funds intended for treatment on housing. At present, for example, more than 450 adults are waiting for residential services. These lists will grow much longer unless Medicaid and/or state general funds are available in sufficient amounts.

Finally, the ability of the CSB system of public and private providers to meet the needs of the Fairfax County residents will be significantly impacted by funding and policy decisions made at the federal and state levels. For instance, the increasing dependence on Medicaid funding means that any changes in policy or funding for this program, positive or negative, will have an immediate effect throughout this community. There have been proposals to reduce Medicaid payments to states, which could result in reduced Medicaid funding from states to localities. Medicaid is an important funding stream and any reduction would affect the CSB's capacity to provide services. A related concern is the inadequate reimbursement provided to all providers, including the CSB, by insurance companies and Medicaid for behavioral health care. This factor has a major impact on the ability of private providers to serve those most in need of services. In particular, the inadequate Medicaid rates are having a damaging impact on non-profit agencies, especially those who provide services under the Mental Retardation Medicaid Waiver program.

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There are two positive developments. While the cost of psychotropic medications continues to increase, both CSB Mental Health Services and the State Aftercare Pharmacy have successfully implemented several cost control measures. As a result, it is expected that there should be sufficient funding to meet medication needs in FY 2005. This is especially good news since the newer medications, while more costly, have proven to be more effective in symptom management and relapse prevention. However, escalating medication costs must be addressed in the future. Another positive development is the increasing availability of research-based treatment modalities that allow the providers to design and offer services that have the most favorable consumer outcomes.

Budget and Staff Resources



Agency Summary				
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	882/ 870.35	877/ 865.35	877/ 865.35	877/ 865.35
Grant	83/ 77.8	82/ 76.8	72/ 68	72/ 68
Expenditures:				
Personnel Services	\$63,990,166	\$64,398,723	\$65,329,866	\$66,961,745
Operating Expenses	50,137,629	50,425,904	53,840,012	51,266,138
Capital Equipment	(723)	0	0	0
Subtotal	\$114,127,072	\$114,824,627	\$119,169,878	\$118,227,883
Less:				
Recovered Costs	(\$1,398,950)	(\$125,786)	(\$125,786)	(\$130,130)
Total Expenditures	\$112,728,122	\$114,698,841	\$119,044,092	\$118,097,753

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Summary by Program Area				
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan
CSB Program Area Expenditures				
CSB Administration	\$3,163,716	\$2,989,511	\$3,641,810	\$3,181,668
Mental Health Services	47,923,747	47,178,990	50,578,738	49,070,482
Mental Retardation Services	33,739,692	36,241,407	36,205,063	36,872,711
Alcohol and Drug Services	24,572,073	24,690,877	25,065,408	25,293,793
Early Intervention Services	3,328,894	3,598,056	3,553,073	3,679,099
Total Expenditures	\$112,728,122	\$114,698,841	\$119,044,092	\$118,097,753
Non-County Revenue by Source				
Fairfax City	\$1,281,008	\$1,281,008	\$1,281,008	\$1,281,008
Falls Church City	580,624	580,624	580,624	580,624
State MHMRSAS	11,066,681	11,603,150	12,364,500	11,603,613
State Other	402,055	451,118	205,754	205,754
Federal Block Grant	4,742,050	4,724,102	4,727,602	4,722,443
Federal Other	4,642,540	1,172,968	4,063,940	1,652,332
Medicaid Waiver	1,464,196	1,448,576	1,448,576	1,451,710
Medicaid Option	5,024,579	4,905,809	4,843,409	4,841,083
Program/Client Fees	4,120,549	4,386,477	4,386,477	4,288,824
CSA Pooled Funds	1,535,858	1,483,346	1,483,346	1,483,346
Miscellaneous	268,872	196,307	196,307	205,670
Fund Balance	(802,469)	1,835,391	2,862,584	2,887,449
Total Revenue	\$34,326,543	\$34,068,876	\$38,444,127	\$35,203,856
County Transfer to CSB	\$78,401,580	\$80,629,965	\$80,599,965	\$82,893,897
County Transfer as a Percentage of Total CSB Expenditures:	69.5%	70.3%	67.7%	70.2%

FY 2005 Funding Adjustments

The following funding adjustments from the FY 2004 Revised Budget Plan are necessary to support the FY 2005 program:

- ◆ **Employee Compensation** **\$2,417,724**
 An increase of \$2,417,724 in Personnel Services is attributable to an additional \$2,422,068 for salary adjustments necessary to support the County's compensation program, partially offset by an increase of \$4,344 in Recovered Costs for reimbursed salaries.
- ◆ **Contract Rate Adjustment** **\$702,046**
 An increase of \$702,046 in Operating Expenses is due to a 3.09 percent contract rate increase for providers of contracted mental health, mental retardation and alcohol and drug abuse treatment services.
- ◆ **Mental Health Grant Adjustments** **\$352,695**
 An increase of \$352,695 is included to update Program Year 2005 grant awards based on the most recent information available from the grantors. These adjustments include an increase of \$291,763 in Personnel Services and an increase of \$60,932 in Operating Expenses and are associated with the following grants: \$196,669 for the Title IV-E Revenue Maximization grant, \$127,544 for the Virginia Serious and Violent Offenders Reentry (VASAVOR) grant, \$20,315 for the Domestic Violence Prevention grant, and \$8,167 for the Mental Health PATH grant.

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- ◆ **Miscellaneous Operating Adjustments** **\$157,463**
An increase of \$157,463 in Operating Expenses is comprised of \$149,750 in County mainframe charges based on CSB usage of mainframe applications and agency-specific applications operated from the mainframe, \$29,628 associated with an increase in the County auto mileage reimbursement rate from \$0.33 per mile to \$0.36 per mile, and \$15,586 based on operating requirements, partially offset by a decrease of \$37,501 in charges from the Department of Vehicle Services.
- ◆ **Special Education Graduates** **\$54,343**
An increase of \$54,343 in Operating Expenses supports 17 June 2004 special education graduates of Fairfax County Public Schools with the most profound level of mental retardation and medical and/or physical challenges. This funding represents the difference between the estimated cost of \$499,800 to provide day support and transportation services to the 17 graduates and the anticipated receipt of \$445,457 if the State assigns new Medicaid Waiver slots and funding to the CSB in early FY 2005. Should the County not receive the anticipated Waiver slots, additional County funding will be necessary to support the new graduates.
- ◆ **Northern Virginia Training Center** **(\$148,775)**
A decrease of \$148,775 in Operating Expenses is due to a reduced level of contracted vocational services to be purchased by the Northern Virginia Training Center from Mental Retardation Services due to state budget cuts. Please note that a commensurate reduction in revenues has also been included.
- ◆ **Carryover Adjustments** **(\$4,481,835)**
A decrease of \$4,481,835 is primarily attributable to the carryover of unexpended FY 2003 grant funds to FY 2004, necessary to provide funding through Program Year 2003 which ended on September 30, 2003.

Changes to FY 2004 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2004 Revised Budget Plan since passage of the FY 2004 Adopted Budget Plan. Included are all adjustments made as part of the FY 2003 Carryover Review and all other approved changes through December 31, 2003:

- ◆ **Carryover Adjustments** **\$4,345,251**
As part of the FY 2003 Carryover Review, an increase of \$4,345,251 is attributable to the carryover of \$1,446,829 primarily in unexpended FY 2003 grant funds to provide funding through Program Year 2003, \$1,026,528 in new grant funding, \$997,192 in encumbered and unencumbered carryover, \$660,527 in adjustments to existing grants, and \$214,175 in delayed revenue.
- ◆ **Position Adjustments** **\$0**
As part of the FY 2003 Carryover Review, 1/1.0 Management Analyst I position in Mental Health Services was abolished to create 1/1.0 SYE Mental Retardation Specialist III position in Mental Retardation Services. In addition, a decrease of 2/2.0 SYE grant positions is included to reflect the abolishment of 2/2.0 SYE grant Mental Retardation Specialist I positions in Mental Retardation Services to create 2/2.0 SYE grant positions, including 1/1.0 SYE grant Senior Clinician position and 1/1.0 SYE grant Management Analyst I position, in Mental Health Services associated with the Title IV-E grant. A net increase of 0/1.2 SYE grant positions is included to reflect the following position actions: an increase of 2/2.0 SYE grant positions associated with the abolishment of 2/2.0 SYE grant Mental Retardation Specialist I positions in Mental Retardation Services to create 2/2.0 SYE grant positions, including 1/1.0 SYE grant Senior Clinician position and 1/1.0 SYE grant Management Analyst I position, in Mental Health Services associated with the Title IV-E grant; an increase of 1/1.0 SYE grant Mental Health Therapist position for the Virginia Serious and Violent Offender Reentry (VASAVOR) grant; a decrease of 2/1.0 SYE grant Mental Health Therapist positions associated with the HUD Continuum of Care grant; and a decrease of 1/0.8 SYE grant Psychiatrist position associated with the Program of Assertive Community (PACT) grant.

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FUND STATEMENT

Fund Type G10, Special Revenue Funds

Fund 106, Fairfax-Falls Church Community Services Board

	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan
Beginning Balance	\$5,492,079	\$4,160,312	\$6,294,549	\$3,431,965
Revenue:				
Local Jurisdictions:				
Fairfax City	\$1,281,008	\$1,281,008	\$1,281,008	\$1,281,008
Falls Church City	580,624	580,624	580,624	580,624
Subtotal - Local	\$1,861,632	\$1,861,632	\$1,861,632	\$1,861,632
State:				
State DMHMRSAS ¹	\$11,066,681	\$11,603,150	\$12,364,500	\$11,603,613
State Other	402,055	451,118	205,754	205,754
Subtotal - State	\$11,468,736	\$12,054,268	\$12,570,254	\$11,809,367
Federal:				
Block Grant	\$4,742,050	\$4,724,102	\$4,727,602	\$4,722,443
Direct/Other Federal	4,642,540	1,172,968	4,063,940	1,652,332
Subtotal - Federal	\$9,384,590	\$5,897,070	\$8,791,542	\$6,374,775
Fees:				
Medicaid Waiver	\$1,464,196	\$1,448,576	\$1,448,576	\$1,451,710
Medicaid Option	5,024,579	4,905,809	4,843,409	4,841,083
Program/Client Fees	4,120,549	4,386,477	4,386,477	4,288,824
CSA Pooled Funds	1,535,858	1,483,346	1,483,346	1,483,346
Subtotal - Fees	\$12,145,182	\$12,224,208	\$12,161,808	\$12,064,963
Other:				
Miscellaneous	\$268,872	\$196,307	\$196,307	\$205,670
Subtotal - Other	\$268,872	\$196,307	\$196,307	\$205,670
Total Revenue	\$35,129,012	\$32,233,485	\$35,581,543	\$32,316,407
Transfers In:				
General Fund (001)	\$78,401,580	\$80,629,965	\$80,599,965	\$82,893,897
Total Transfers In	\$78,401,580	\$80,629,965	\$80,599,965	\$82,893,897
Total Available	\$119,022,671	\$117,023,762	\$122,476,057	\$118,642,269
Expenditures:				
CSB Administration	\$3,163,716	\$2,989,511	\$3,641,810	\$3,181,668
Mental Health Services	47,923,747	47,178,990	50,578,738	49,070,482
Mental Retardation Services	33,739,692	36,241,407	36,205,063	36,872,711
Alcohol and Drug Services	24,572,073	24,690,877	25,065,408	25,293,793
Early Intervention Services	3,328,894	3,598,056	3,553,073	3,679,099
Total Expenditures	\$112,728,122	\$114,698,841	\$119,044,092	\$118,097,753
Total Disbursements	\$112,728,122	\$114,698,841	\$119,044,092	\$118,097,753
Available Balance ^{2,3}	\$6,294,549	\$2,324,921	\$3,431,965	\$544,516

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¹ This total does not include all of the state funds allocated to the Fairfax-Falls Church Community Services Board (CSB) that are used to provide services to CSB clients. In FY 2005, an estimated \$11.3 million in state funds will support \$23.3 million in community Medicaid services paid directly by the State to private providers. In addition, the above total does not include state support for atypical medications required by patients discharged from state mental health facilities to CSB-supported programs. In FY 2005, an estimated \$2.3 million in state funds will provide for these expensive medications for CSB clients. Furthermore, the above total does not include state support for private psychiatric hospital bed purchases required when state hospitals are full. In FY 2005, an estimated \$0.4 million in state funds will provide beds for CSB clients.

² The FY 2005 available balance is held in reserve until FY 2004 revenue collection data is available to validate revenue maximization efforts and revenue estimates assumed in the FY 2005 budget.

³ The FY 2004 Revised Budget Plan available balance of \$3,431,961 is a reduction of 45.5 percent and reflects utilization to offset FY 2004 program requirements and General Fund Transfer. The FY 2005 available balance of \$544,516 is a decline of 84.1 percent from FY 2004 and reflects the utilization of offset FY 2005 program requirements and the General Fund Transfer.